

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Corrections and  
Rehabilitation**

**Regulatory Action:**

**Title 15, California Code of Regulations**

**Adopt sections: 3999.98, 3999.99, 3999.320**

**Amend sections: 3355, 3087 renumbered as  
3999.225, 3087.1  
renumbered as 3999.226,  
3087.2 renumbered as  
3999.227, 3087.3  
renumbered as 3999.228,  
3087.4 renumbered as  
3999.229, 3087.5  
renumbered as 3999.230,  
3087.6 renumbered as  
3999.231, 3087.7  
renumbered as 3999.232,  
3087.8 renumbered as  
3999.233, 3087.9  
renumbered as 3999.234,  
3087.10 renumbered as  
3999.235, 3087.11  
renumbered as 3999.236,  
3087.12 renumbered as  
3999.237, 3350  
renumbered as  
3999.200(a), 3350.1  
renumbered as  
3999.200(b), (c), and (d),  
3350.2 renumbered as  
3999.200(f), (g), and (h),  
3351 renumbered as  
3999.210, 3353  
renumbered as 3999.202,  
3353.1 renumbered as  
3999.203, 3354.2  
renumbered as 3999.206,  
3356 renumbered as  
3999.410, 3357  
renumbered as 3999.440,  
3358 renumbered as  
3999.375, 3359  
renumbered as 3999.411,  
3359.8 renumbered as  
3999.200(e)**

**NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,  
Section 100**

**OAL Matter Number: 2018-0622-01**

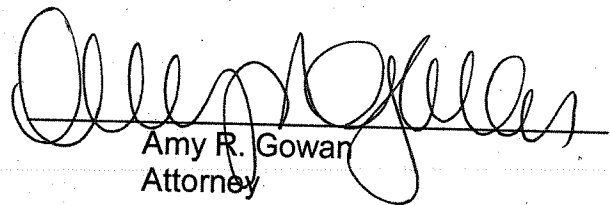
**OAL Matter Type: Nonsubstantive (N)**

Repeal sections:

This action relocates, without substantive change, all of Article 8.6 (Health Care Grievances) of Chapter 1, Division 3 and 14 sections from Article 8 (Medical and Dental Services) of Subchapter 4 of Chapter 1, Division 3 to new Chapter 2 (Rules and Regulations of Health Care Services) of Division 3. This action also revises all necessary cross-references, amends reference citations, and makes additional stylistic changes.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: August 6, 2018



Amy R. Gowan  
Attorney

For: Debra M. Cornez  
Director

Original: Scott Kernan, Secretary  
Copy: DeAnna Gouldy

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

STD. 400 (REV. 01-2013)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2018-0622-01N</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

AUG 06 2018

1:37 PM

2018 JUN 22 P 4:48  
OFFICE OF  
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY  
California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (If any)  
NA 18-01

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Establishing Chapter 2, Rules and Regulations of Health Care Services		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT See attached list.	
TITLE(S) 15		REPEAL	
3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON DeAnna Gouldy		TELEPHONE NUMBER (916) 691-3747	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) deanna.gouldy@cdcr.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

DATE

5-2-18

TYPED NAME AND TITLE OF SIGNATORY

Scott Kernan, Secretary, California Department of Corrections and Rehabilitation

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 06 2018

Office of Administrative Law

## List of Title 15 Regulations to be Amended/Renumbered

3087 renumbered as 3999.225

3087.1 renumbered as 3999.226

3087.2 renumbered as 3999.227

3087.3 renumbered as 3999.228

3087.4 renumbered as 3999.229

3087.5 renumbered as 3999.230

3087.6 renumbered as 3999.231

3087.7 renumbered as 3999.232

3087.8 renumbered as 3999.233

3087.9 renumbered as 3999.234

3087.10 renumbered as 3999.235

3087.11 renumbered as 3999.236

3087.12 renumbered as 3999.237

3350 renumbered as 3999.200(a)

3350.1 renumbered as 3999.200(b), (c), and (d)

3350.2 renumbered as 3999.200(f), (g), and (h)

3351 renumbered as 3999.210

3353 renumbered as 3999.202

3353.1 renumbered as 3999.203

3354.2 renumbered as 3999.206

3355 as amended

3356 renumbered as 3999.410

3357 renumbered as 3999.440

3358 renumbered as 3999.375

3359 renumbered as 3999.411

3359.8 renumbered as 3999.200(e)

3999.98 as adopted

3999.99 as adopted

3999.320 as adopted

## TEXT OF PROPOSED REGULATIONS

The following existing sections, with the exception of sections 3355(a) and 3355(b), of Title 15 are being relocated from Chapter 1, Rules and Regulations of Adult Operations and Programs, into a new Chapter 2, Rules and Regulations of Health Care Services, in which ~~strikethrough~~ indicates text proposed for relocation or deletion; underline indicates where the text is moved or added; double underline indicates text that is added to the moved text; and ~~double-strikethrough~~ indicates text that is deleted from the moved text.

Existing section 3355(c) is renumbered to new section 3999.320(a) and existing section 3355(d) is renumbered to new section 3999.410(a). Sections 3355(a) and (b) are remaining in Chapter 1, Rules and Regulations of Adult Operations and Programs.

### **3355. Health Care Examinations.**

(a) Initial Examination. Every person newly committed or returned to the custody of the Secretary of the California Department of Corrections and Rehabilitation shall be examined by health care staff for contagious diseases, illness, or other health conditions within 24 hours of arrival. In addition, female inmates will also be screened for pregnancy.

(b) Transfers. Inmates received on transfer from other facilities shall be interviewed by health care staff at the receiving facility within 24 hours of arrival. The health record of each new arrival shall be reviewed to determine the need for previously prescribed medications or continuing treatment for unusual or chronic health problems. Sending facility health care staff shall notify the receiving facility and any anticipated layover facilities regarding any inmate's need, as in the case of diabetics, for maintenance medications while en route and after arrival.

~~(c) Camp Assignment. Inmates shall be personally screened by a medical officer before receiving medical clearance for assignment to a camp or fire fighting assignment. Such inmate shall be in generally good health and physically capable of strenuous and prolonged heavy labor without danger to the inmate's health and safety or the safety of others when involved in hazardous work such as forest firefighting. Exceptions: an inmate may be assigned to light duty non-hazardous work in camp if a department physician specifically approves such assignment.~~

~~(d) Releases. Each inmate shall be personally screened by health care staff prior to release to parole or discharge from a facility. Staff conducting such screening shall alert the inmate's parole agent regarding any current health problems and shall provide the inmate with any necessary maintenance medication until the releasee can obtain medication in the community.~~

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

New section 3999.98, formerly existing sections 3350(b), 3354.2(a)(2-3), 3350(b)(1-3), 3354.2(a)(1), and 3350(b)(4-5), is adopted and amended to read:

## **Chapter 2. Rules and Regulations of Health Care Services**

### **Article 1. Health Care Definitions**

### **3999.98. Definitions.**

For the purposes of this article chapter, the following definitions apply:

Clinically Necessary means health care services or supplies that are determined by health care staff to be needed to diagnose or treat an illness, injury, condition, disease, or its symptoms.

Health care services means medical, mental health, dental, pharmaceutical, diagnostic and ancillary services to identify, diagnose, evaluate, and treat a medical, psychiatric, or dental condition.

Health care staff means those persons licensed by the state to provide health care services, who are either employed by the Department or are under contract with the Department to provide health care services.

Medically Necessary means health care services that are determined by a health care provider to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain.

Inmate Patient-initiated means that the inmate patient sought health care services through Department staff, or reported to health care staff for consultation and/or treatment without having first been contacted or scheduled by health care staff.

Severe pain means a degree of discomfort that significantly disables the patient from reasonable independent function.

Significant illness and disability means any health care condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Brown*, United States District Court, N.D. Cal., No. C01-1351 JST.

**New section 3999.99 is adopted to read:**

### **3999.99. Forms.**

The following forms, referred to in this chapter, are hereby incorporated by reference:

CDCR 602 HC (Rev. 7/18), Health Care Grievance

CDCR 602 HC A (Rev. 12/17), Health Care Grievance Attachment

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**New section 3999.200, formerly existing section 3350(a), section 3350.1, section 3359.8, and section 3350.2, is adopted and amended to read:**

## **Subchapter 2 Patient's Entitlements and Responsibilities**

### **Article 1. Provisions of Health Care Services**

#### **3350. 3999.200. Provisions of Care and Definitions and Treatment Exclusions.**

(a) The Department shall provide health care services for patients which are based on medical or clinical necessity as defined in subsection 3350(b) 3999.98.

(b) ~~For the purposes of this article, the following definitions apply:~~

~~(1) Clinically Necessary means health care services or supplies that are determined by health care staff to be needed to diagnose or treat an illness, injury, condition, disease, or its symptoms.~~

~~(2) Medically Necessary means health care services that are determined by a health care provider to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain.~~

~~(3) Severe pain means a degree of discomfort that significantly disables the patient from reasonable independent function.~~

~~(4) Significant illness and disability means any health care condition that causes or may cause if left untreated a severe limitation of function or ability to perform the daily activities of life or that may cause premature death.~~

~~(a) (b) Treatment refers to attempted curative treatment and does not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support. Treatment shall not be provided for the following:~~

~~(1) Conditions that improve on their own without treatment.~~

~~(2) Conditions that are not readily amenable to medically and clinically necessary treatment including, but not limited to, the following:~~

~~(A) Temporomandibular joint dysfunction.~~

~~(B) Shrinkage and atrophy of the bony ridges of the jaws.~~

~~(C) Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.~~

~~(D) Benign oral lesions.~~

~~(E) Traumatic oral ulcers.~~

~~(F) Recurrent aphthous ulcer.~~

~~(3) Conditions that are cosmetic.~~

~~(4) Surgery that is not medically or clinically necessary including, but not limited to, the following:~~

~~(A) Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.~~

~~(B) Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.~~

~~(C) Surgical extraction of asymptomatic un-erupted teeth.~~

~~(5) Services that have no established outcome on morbidity or improved mortality except for acute health care conditions including, but not limited to, the following conditions:~~

~~(A) Root canals on posterior teeth (bicuspid and molars).~~

~~(B) Dental Implants.~~

~~(C) Fixed prosthodontics (dental bridges).~~

~~(D) Laboratory processed crowns.~~

~~(E) Orthodontics.~~

~~(b) (c) Treatment for those conditions that are excluded within these regulations shall be provided in cases where the following criteria are met:~~

~~(1) The patient's primary care provider (PCP) or treating dentist prescribes the treatment as medically or clinically necessary; and~~

~~(2) The service is approved by the Utilization Management (UM) Committee for medical treatment, or Dental Authorization Review Committee and the Dental Program Health Care Review Committee for dental treatment.~~

~~(e) (d) Notwithstanding section 3350.1(b) 3999.200(c), sex-reassignment surgery (SRS) cases shall be referred to the SRS Review Committee and headquarters UM Committee for a decision to~~

treat. The PCP and institutional UM Committee shall neither recommend approval or denial to requests for SRS surgery.

(c) All terminally ill inmatespatients remaining in the custody of the ~~California Department of Corrections and Rehabilitation~~ ("Department" or "CDCR") will receive health care appropriate and necessary to their situation, including counseling, hospice and palliative care. ~~Inmates~~Patients in the custody of CDCR shall not be provided aid-in-dying drugs under the End of Life Option Act (California Health and Safety Code, Division 1, Part 1.85, Sections 443-443.22). Employees, independent contractors, or other persons or entities, including other health care providers, shall not participate in activities under the End of Life Option Act on premises managed by or under the direct control or management of the Department or while acting within the course and scope of any employment by, or contract with, the Department.

~~(a)~~ (f) Each facility shall maintain contractual arrangements with local off-site agencies for those health services deemed to be medically necessary as defined in section ~~3350(b)(1)~~3999.98, and that are not provided within the facility. Such services may include medical, surgical, laboratory, radiological, dental, and other specialized services likely to be required for an inmate'sa patient's health care.

~~(b)~~ (g) When medically necessary services are not available for an inmate's a patient within a facility, the facility's ~~chief medical officer~~Chief Medical Executive or ~~s~~Supervising ~~d~~Dentist may request the institution head's approval to temporarily place that inmatepatient in a community medical facility for such services.

~~(e)~~ (h) In an extreme emergency when a physician is not on duty or immediately available, the senior custodial officer on duty may, with assistance of on-duty health care staff, place an inmatea patient in a community medical facility. Such emergency action shall be reported to the facility's administrative and medical officers-of-the-day as soon as possible.

Note: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Brown*, United States District Court, N.D. Cal., No. C01-1351 JST; and Sections 443, 443.1, 443.2, 443.3, 443.4, 443.5, 443.6, 443.7, 443.8, 443.9, 443.10, 443.11, 443.12, 443.13, 443.14, 443.15, 443.16, 443.17, 443.18, 443.19, 443.20, 443.21, 443.215 and 443.22, Health and Safety Code.

### **3350.1. Treatment Exclusions.**

(a) Treatment refers to attempted curative treatment and does not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support. Treatment shall not be provided for the following:

(1) Conditions that improve on their own without treatment.

(2) Conditions that are not readily amenable to medically and clinically necessary treatment including, but not limited to, the following:

(A) Temporomandibular joint dysfunction.

(B) Shrinkage and atrophy of the bony ridges of the jaws.

(C) Benign root fragments whose removal would cause greater damage or trauma than if retained for observation.

(D) Benign oral lesions.

(E) Traumatic oral ulcers.

(F) Recurrent aphthous ulcer.

(3) Conditions that are cosmetic.



- (4) Surgery that is not medically or clinically necessary including, but not limited to, the following:
  - (A) Extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth.
  - (B) Removal of a benign bony enlargement (torus) unless required for a dental prosthesis.
  - (C) Surgical extraction of asymptomatic un-erupted teeth.
- (5) Services that have no established outcome on morbidity or improved mortality except for acute health care conditions including, but not limited to, the following conditions:
  - (A) Root canals on posterior teeth (bicuspid and molars).
  - (B) Dental Implants.
  - (C) Fixed prosthodontics (dental bridges).
  - (D) Laboratory processed crowns.
  - (E) Orthodontics.
- (b) Treatment for those conditions that are excluded within these regulations shall be provided in cases where the following criteria are met:
  - (1) The patient's primary care provider (PCP) or treating dentist prescribes the treatment as medically or clinically necessary; and
  - (2) The service is approved by the Utilization Management (UM) Committee for medical treatment, or Dental Authorization Review Committee and the Dental Program Health Care Review Committee for dental treatment.
- (c) Notwithstanding section 3350.1(b), sex reassignment surgery (SRS) cases shall be referred to the SRS Review Committee and headquarters UM Committee for a decision to treat. The PCP and institutional UM Committee shall neither recommend approval or denial to requests for SRS surgery.

Note: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and *Plata v. Brown*, United States District Court, N.D. Cal., No. C01-1351 JST.

### **3359.8. End of Life Option Act Exemption.**

All terminally ill inmates remaining in the custody of the California Department of Corrections and Rehabilitation ("Department" or "CDCR") will receive health care appropriate and necessary to their situation, including counseling, hospice and palliative care. Inmates in the custody of CDCR shall not be provided aid in dying drugs under the End of Life Option Act (California Health and Safety Code, Division 1, Part 1.85, Sections 443-443.22). Employees, independent contractors, or other persons or entities, including other health care providers, shall not participate in activities under the End of Life Option Act on premises managed by or under the direct control or management of the Department or while acting within the course and scope of any employment by, or contract with, the Department.

Note: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and Sections 443, 443.1, 443.2, 443.3, 443.4, 443.5, 443.6, 443.7, 443.8, 443.9, 443.10, 443.11, 443.12, 443.13, 443.14, 443.15, 443.16, 443.17, 443.18, 443.19, 443.20, 443.21, 443.215 and 443.22, Health and Safety Code.

### **3350.2. Off-Site Health Care Treatment.**

- (a) ~~Each facility shall maintain contractual arrangements with local off site agencies for those health services deemed to be medically necessary as defined in section 3350(b)(1), and that are not provided within the facility. Such services may include medical, surgical, laboratory, radiological, dental, and other specialized services likely to be required for an inmate's health care.~~
- (b) ~~When medically necessary services are not available for an inmate within a facility, the facility's chief medical officer or supervising dentist may request the institution head's approval to temporarily place that inmate in a community medical facility for such services.~~
- (c) ~~In an extreme emergency when a physician is not on duty or immediately available, the senior custodial officer on duty may, with assistance of on duty health care staff, place an inmate in a community medical facility. Such emergency action shall be reported to the facility's administrative and medical officers of the day as soon as possible.~~

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**Section 3353 is renumbered and amended to read:**

**3353. 3999.202. Informed Consent Requirement.**

When unusual, serious or major health care procedures are indicated and time and circumstances permit, the ~~inmate's~~patient's specific written informed consent shall be obtained before treatment is undertaken, except as otherwise provided in sections ~~3354~~3999.210 and 3364. If the ~~inmate~~patient or the ~~inmate's~~patient's guardian or responsible relative objects to the recommended treatment, such objection shall be documented for inclusion in the ~~inmate's~~patient's health record.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**Section 3353.1 is renumbered and amended to read:**

**3353.1 3999.203. Capacity for Informed Consent.**

(a) ~~An inmate~~A patient shall be considered capable of giving informed consent if in the opinion of health care staff the ~~inmate~~patient is:

(1) ~~(a)~~ Aware that there is a physiological disorder for which treatment or medication is recommended.

(2) ~~(b)~~ Able to understand the nature, purpose, and alternatives of the recommended treatment, medication, or health care procedures.

(3) ~~(c)~~ Able to understand and reasonably discuss the possible side effects and any hazards associated with the recommended treatment, medication, or health care procedures. ~~An inmate~~A patient shall not be deemed incapable of informed consent solely because of being diagnosed as mentally disordered, abnormal, or mentally defective.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**Sections 3354.2(a)(1)-(3) are relocated to section 3999.98 and section 3354.2 is renumbered and amended to read:**

**3354.2. 3999.206. Copayment for Health Care Services.**

~~-(a) The terms below are defined for the purpose of this section:~~

~~(1) Inmate-initiated means that the inmate sought health care services through Department staff, or reported to health care staff for consultation and/or treatment without having first been contacted or scheduled by health care staff.~~

~~-(2) Health care services means medical, mental health, dental, pharmaceutical, diagnostic and ancillary services to identify, diagnose, evaluate, and treat a medical, psychiatric, or dental condition.~~

~~-(3) Health care staff means those persons licensed by the state to provide health care services, who are either employed by the Department or are under contract with the Department to provide health care services.~~

(b) (a) InmatePatients shall be provided an opportunity to report an illness or any other health problem and receive an evaluation of the condition and medically necessary treatment and follow-up by health care staff.

(e) (b) InmatePatients shall be charged and inmatepatients shall pay a fee of five dollars (\$5.00) for each inmatepatient-initiated health care visit. The fee for this visit shall:

(1) Cover the evaluation, assessment, and medically necessary treatment, including follow-up services that relate to the initial condition and which are determined by health care staff to be necessary.

(2) Be charged for subsequent dental services provided in accordance with a prescribed dental treatment plan. Such services shall not be considered as a follow-up service as described in Section 3354.2(e)(1)3999.206(b)(1) and shall be subject to a copayment unless the visit was initiated by the dental care provider.

(3) Be charged to the trust account of the inmatepatient. When the inmatepatient is without sufficient funds at the time for the charge, and remains without sufficient funds for 30 days after this time, the inmatepatient shall not be charged for any remaining balance of the fee.

(4) Be waived for the following:

(A) Emergencies: any medical or dental condition for which evaluation and therapy, as determined by health care staff, are immediately necessary to prevent death, severe or permanent disability, or to alleviate or lessen objectively apparent and disabling pain. Signs of objectively apparent and disabling pain may include, but are not limited to, visible injuries, high blood pressure, rapid heart rate, sweating, pallor, involuntary muscle spasms, nausea and vomiting, high fever, and facial swelling. Emergency also includes, as determined by health care staff, necessary crisis intervention for inmatespatients suffering from situational crises or acute episodes of mental illness.

(B) Diagnosis and treatment of communicable disease conditions as outlined in Title 17, Chapter 4, Subchapter 1, Section 2500 of the California Code of Regulations, including human immunodeficiency virus and Acquired Immunodeficiency Syndrome.

(C) Diagnosis and necessary mental health treatment for which there is a clinical determination of mental illness.

(D) Follow-up health care services defined as any request or recommendation by a member of the health care staff to provide subsequent health care services.

(E) Health care services necessary to comply with state law and/or regulations that shall include, but not be limited to, annual testing for tuberculosis.

(F) Reception center health screening and evaluation.

(G) Inpatient services, extended care, or skilled nursing services.

NOTE: Authority cited: Sections 5007.5 and 5058, Penal Code. Reference: Section 5054, Penal Code; and *Perez, et al. v. Cate, et al.*, USDC no. 3:05-ev-05241 JSW (No. Cal.).

**New section 3999.210, formerly existing section 3351, is adopted and amended to read:**

**Article 2. Refusal of Health Care Services**

**3351. 3999.210. Inmate Refusal of Treatment.**

(a) Health care treatment may be given without the inmate's patient's consent when an emergency exists. An emergency exists when there is a sudden, marked change in an inmate's a patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate patient or others, and it is impracticable to first obtain consent.

(b) An inmate A patient may accept or decline any or all portions of a recommended dental treatment plan. The inmate's patient's decision is reversible at any time and shall not prejudice future treatments. Refusals shall be documented for inclusion in the inmate's patient's health record.

(c) When an inmate a patient has a valid advance health care directive or a valid executed Physicians Orders for Life Sustaining Treatment (POLST), health care staff shall act in accordance with the provisions of the advance health care directive, or POLST, as provided by law.

(d) Each institution shall establish procedures to implement the provisions of the Health Care Decisions Law, codified in the Probate Code at Division 4.7, section 4600 et seq.

(e) Health care treatment, including medication, shall not be forced over the objections of a mentally competent inmate patient; the guardian of a mentally incompetent inmate patient; or a responsible relative of a minor inmate patient, except in an emergency, or as required to complete the examination or tests for tuberculosis infection, or to implement the treatment for tuberculosis disease, or unless the provisions of Probate Code sections 3200 et seq. or the procedures set forth in Penal Code (PC) section 2602 are followed.

NOTE: Authority cited: Sections 2602 and 5058, Penal Code. Reference: Sections 2600, 2602, 5054 and 7570 et seq., Penal Code; Sections 3200 et seq., Probate Code; *Thor v. Superior Court* (Andrews) (1993) 21 Cal. Rptr.2d 357; and Sections 4600 and 4781.2, Probate Code.

**Section 3087 is renumbered and amended to read:**

**Article 5. Health Care Grievances**

**3087. 3999.225. Definitions.**

For the purpose of Subchapter 2, Article 8-65 only, the following definitions apply:

(a) Accepted means that the health care grievance qualified for processing at the level submitted.

(b) Administrative remedy means the non-judicial process provided to address patient health care grievances in which a grievant may allege an issue and seek a remedy and the Health Care Grievance Office and Health Care Correspondence and Appeals Branch have an opportunity to intervene and respond. A headquarters' level health care grievance appeal disposition exhausts administrative remedies.

(c) Amendment means a headquarters' instruction to the institution to revise a previously written institutional level health care grievance response which requires correction or clarification prior to conducting a headquarters' level grievance appeal review.

(d) Appeal means a grievant's submission of a health care grievance to the headquarters' level for review of the institutional level disposition.

(e) Business day means Monday through Friday excluding State holidays.

(f) Chief Executive Officer (health care) means the highest level health care executive assigned to a CDCR institution.

(g) Disposition means the outcome of the health care grievance review at the level submitted.

(h) Expedited health care grievance means a health care grievance determined by clinical staff to require expeditious handling.

(i) Grievant means a patient who submits for review a CDCR 602 HC (~~Rev. 12/17~~), Health Care Grievance, ~~which is incorporated by reference~~.

(j) Headquarters' level directive means a written mandate by the headquarters' level reviewing authority to the institutional level reviewing authority requiring the action as identified in the directive, after headquarters' review of a health care grievance appeal.

(k) Health care discipline means medical, dental, or mental health.

(l) Health Care Correspondence and Appeals Branch (HCCAB) means the office responsible for statewide oversight of the grievance program and the headquarters' level health care grievance appeal review.

(m) Health care grievance means a written complaint submitted by a patient using a CDCR 602 HC, pursuant to subsection ~~3087.13999.226(a)~~.

(n) Health Care Grievance Office (HCGO) means the office responsible for coordinating the institutional level health care grievance review.

(o) Health care grievance package means the CDCR 602 HC and the CDCR 602 HC A (~~Rev. 12/17~~), Health Care Grievance Attachment, ~~which is incorporated by reference~~, and all supporting documents. A health care grievance is not a record of care and treatment rendered and shall not be filed in the central file or health record.

(p) Health care grievance process means all steps involving grievant preparation and health care staff receipt, review, disposition, and exhaustion of submitted health care grievances.

(q) Health care staff means any administrative and/or clinical staff involved in the health care grievance process under health care's reviewing authority.

(r) Intervention means available administrative action or redress deemed necessary by health care staff to address an identified health care grievance.

(s) Material adverse effect means harm or injury that is measurable or demonstrable (even if that measurement or demonstration is subjective for the patient) or the reasonable likelihood of such harm or injury due to a health care policy, decision, action, condition, or omission.

(t) Multiple health care grievances means health care grievances received from more than one grievant on an identical issue.

(u) Patient means an inmate who is seeking or receiving health care services.

(v) Rejected means that the submitted health care grievance or appeal of grievance disposition did not qualify for processing for the reasons stated in the rejection.

(w) Response means the written notification provided to the grievant relative to the disposition, rejection, or withdrawal of a health care grievance or health care grievance appeal.

(x) Reviewing authority means health care staff authorized to approve and sign health care grievance responses to ensure procedural due process. The reviewing authority does not conduct a clinical review.

(1) The reviewing authority shall not be an individual who participated in the event or decision being grieved.

(2) Health care grievances and staff complaints submitted at the institutional level are approved and signed by the Chief Executive Officer (health care) or designee. Circumstances may warrant the headquarters' level reviewing authority to assign a designee.

(3) Health care grievances and staff complaints submitted at contracted, community correctional, or out-of-state facilities are approved and signed by an executive level designee. Circumstances may warrant the headquarters' level reviewing authority to assign a designee.

(4) Health care grievance appeals and staff complaints submitted at the headquarters' level are approved and signed by the Deputy Director, Policy and Risk Management Services, or designee.

(y) Staff misconduct means health care staff behavior or activity that violates a law, regulation, policy, or procedure, or is contrary to an ethical or professional standard.

(z) Supporting documents means any document the grievant may need to substantiate allegations made including, but not limited to, property inventory sheets, property receipts, trust account statements, and written requests for interviews, items, or health care services. Supporting documents do not include documents that only restate the issue(s) grieved, argue its merits, or introduce new issues not identified in the current health care grievance form(s), or documents accessible to health care staff, such as patient health records.

(1) If submitting a health care grievance related to a reasonable accommodation decision, supporting documents include the reasonable accommodation request package and response.

(2) If submitting a health care grievance appeal, supporting documents include the original institutional level health care grievance response.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.1 is renumbered and amended to read:**

**3087.1. 3999.226. Right to Grieve.**

(a) The health care grievance process provides an administrative remedy to patients under health care's jurisdiction for review of complaints of applied health care policies, decisions, actions, conditions, or omissions that have a material adverse effect on their health or welfare.

(1) Health care grievances are subject to an institutional level review and may receive a headquarters' level grievance appeal review, if requested by the grievant.

(2) Health care grievances shall be processed pursuant to the provisions of Subchapter 2, Article 8.65, Health Care Grievances, unless exempt from its provisions pursuant to court order or superseded by law or other regulations.

(3) Patients shall not use the health care grievance process to request health care services without a previous attempt to seek health care assistance through approved processes.

(4) The grievant shall not submit a health care grievance for issues outside the health care jurisdiction.

(b) Health care staff shall ensure effective communication is achieved and documented when there is an exchange of health care information involving patients with a hearing, vision, and/or speech impairment; developmental disability and/or learning disability; Test of Adult Basic Education (TABE) reading score of 4.0 or less, which includes zero or no TABE score; and/or Limited English Proficiency, and in health care grievance communications with such patients.

(c) The grievant has the right to submit one health care grievance every 14 calendar days, unless it is accepted as an expedited grievance. The 14 calendar day period shall commence on the calendar day following the grievant's last accepted health care grievance.

(d) Health care grievance forms shall be available to all inmates.

(e) Staff shall not take reprisal against the grievant for filing a health care grievance.

(f) A grievant who abuses the health care grievance process may be subject to health care grievance restriction pursuant to section ~~3087.11~~ 3999.236.

(g) Health care grievances are subject to a headquarters' level disposition before administrative remedies are deemed exhausted pursuant to section ~~3087.53~~ 3999.230. A health care grievance or health care grievance appeal rejection or withdrawal does not exhaust administrative remedies.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; Clark Remedial Plan, *Clark v. California* 123 F.3d 1267 (9th Cir. 1997); *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.2 is renumbered and amended to read:**

**~~3087.2.~~ 3999.227. Preparation and Submittal of a Health Care Grievance.**

(a) The grievant is limited to the use of one CDCR 602 HC to describe the specific complaint that relates to their health care which they believe has a material adverse effect on their health or welfare, and one CDCR 602 HC A, if additional space is needed.

(b) The grievant shall complete Section A of the CDCR 602 HC and submit to the HCGO where the grievant is housed within 30 calendar days of:

(1) The action or decision being grieved, or;

(2) Initial knowledge of the action or decision being grieved.

(c) An individual may help the grievant prepare the health care grievance unless the act of providing such assistance results in any of, but not limited to, the following:

(1) Acting contrary to the provisions pursuant to sections 3163, ~~Article 6, subchapter 2,~~ and ~~section 3270, Article 2, subchapter 4.~~

(2) Allowing an individual to exercise unlawful influence or assume control over another.

(3) Unlawful access to the grievant's protected health information or personally identifiable information.

(d) An individual may not submit a health care grievance on behalf of another person.

(e) The grievant is limited to one issue or set of issues related to a single health care discipline that can reasonably be addressed in a single health care grievance response.

(f) The grievant shall print legibly or type in a standard font on the lines provided on the health care grievance form(s). There shall be only one line of text on each line provided on the health care grievance form(s).

(g) The grievant shall document clearly and coherently all information known and available to him or her regarding the issue.

(1) The grievant shall include any involved staff member's last name, first initial, title or position, and the date(s) and description of their involvement.

(2) If the grievant does not have information to identify involved staff member(s), the grievant shall provide any other available information that may assist in processing the health care grievance.

(h) The grievant may request an interview by initialing the appropriate box on the CDCR 602 HC.

(i) The grievant shall sign and date an original CDCR 602 HC. If the original health care grievance is not available, the grievant may obtain a copy stamped "treat as original" from the HCGO for submission.

(j) The grievant shall include supporting documents necessary for the clarification and/or resolution of the issue(s) prior to submitting the health care grievance pursuant to subsection 3087.3999.225(z).

(k) If unable to obtain some supporting documents, the grievant shall submit the health care grievance with all available documents and an explanation of why the remaining documents are not available.

(l) The grievant shall present their health care grievance in a single submission.

(m) The grievant shall submit the institutional level health care grievance for processing to the HCGO where the grievant is housed.

(n) The grievant may not use threatening, obscene, demeaning, or abusive language, except if the grievant alleges health care staff used such language.

(o) The grievant shall not deface the health care grievance package.

(p) The grievant shall not contaminate the health care grievance or attach physical, organic or inorganic objects, particles, other materials, or samples. Examples of contaminants or attachments include, but are not limited to, food, medication, clothing, razor blades, needles, human hair, tissue, and/or bodily fluids such as blood, saliva, or excrement. Health care grievances received that are suspected to contain hazardous or toxic material that may present a threat to the safety and security of staff, inmates, or the institution shall be referred to custody staff for potential disciplinary sanctions.

(q) The grievant shall not submit a health care grievance which includes information or accusations the grievant knows to be false or makes a deliberate attempt to distort the facts.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW); *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JST-TEH), U.S. District Court, Northern District of California.

**Section 3087.3 is renumbered and amended to read:**



**3087.3. 3999.228. Institutional Level Health Care Grievance Review.**

(a) The institutional level is for initial clinical/administrative review of health care grievances.

(b) Health care staff at a level no less than a Registered Nurse, utilizing clinical expertise within the scope of his or her licensure, shall triage each health care grievance within one business day of receipt and:

(1) Determine if the health care grievance identifies a health care issue that may require clinical intervention.

(2) Determine if the health care grievance warrants expedited processing.

(3) Determine if the health care grievance is administrative or clinical.

(c) All submitted health care grievances shall be screened to identify whether the submitted health care grievance complies with the requirements under section 3087.23999.227 and may be rejected pursuant to section 3087.93999.234.

(d) Any health care grievance received outside the time limits pursuant to section 3087.23999.227 may be accepted at the discretion of the HCGO if it is determined that the health care grievance should be subject to further review for reasons including, but not limited to:

(1) Good cause exists for untimely submission of the health care grievance.

(2) Issues stated in the health care grievance allege facts that warrant further inquiry.

(e) Health care grievances accepted as clinical in nature shall receive a clinical review by the appropriate health care discipline as determined during the triage.

(f) An interview with the grievant shall be conducted in any of the following circumstances:

(1) The grievant requested an interview by initialing the appropriate box on the CDCR 602 HC.

(2) Health care staff has determined an interview is necessary.

(3) The grievant has been identified as the first grievant to submit an accepted health care grievance that has been designated as a multiple health care grievance pursuant to section 3087.73999.232.

(4) The health care grievance is deemed a health care staff complaint and in such case, health care staff shall conduct the interview pursuant to section 3087.63999.231.

(g) If the grievant refuses the health care grievance interview, the HCGO shall complete the health care grievance without grievant input.

(h) Health care staff who participated in the event or decision being grieved may not interview the grievant.

(i) Time limits for processing a health care grievance commence on the day it is received by the HCGO and shall be completed and returned to the grievant within 45 business days, unless processed as an expedited health care grievance pursuant to subsection 3087.83999.233(b).

(j) Health care grievance responses shall be approved and signed pursuant to subsection 3087.3999.225(x).

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 *et seq.*, Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.4 is renumbered and amended to read:**

**3087.4. 3999.229. Preparation and Submittal of a Health Care Grievance Appeal.**

(a) If dissatisfied with the institutional level health care grievance disposition, the grievant may appeal the disposition by completing and signing Section B of the CDCR 602 HC and submitting the health care grievance package to HCCAB via the United States Postal Service within 30 calendar days plus five calendar days for mailing from the date noted on the CDCR 602 HC, in the "Date closed and mailed/delivered to grievant" section on page 1 of 2.

(1) The requirements of ~~subsections 3087.23999.227(c) through (g) and (j) through (q)~~ apply to this section.

(2) The health care grievance package shall include the original institutional level grievance response.

(3) The grievant shall not include new issues that were not included in the original health care grievance.

(4) For appeals of health care grievances processed on an expedited basis at the institutional level, the grievant shall forward the health care grievance package to the HCGO where the grievant is housed if continued expedited processing is requested.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; Section 1013(a), California Code of Civil Procedure; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 ~~JSTTEH~~), U.S. District Court, Northern District of California.

**Section 3087.5 is renumbered and amended to read:**

**3087.5. 3999.230. Headquarters' Level Health Care Grievance Appeal Review.**

(a) The headquarters' level is for review of appeals of institutional level health care grievance dispositions.

(b) Health care staff at a level no less than a Registered Nurse, utilizing clinical expertise within the scope of his or her licensure, shall:

(1) Triage each health care grievance appeal within one business day of receipt and:

(A) Determine if the health care grievance appeal identifies a health care issue that may require clinical intervention.

(B) Determine if the health care grievance appeal warrants continued expedited processing as requested by the grievant pursuant to ~~subsection 3087.43999.229(a)(4)~~.

(2) Determine if a clinical review is warranted.

(3) Review the grievant's health record and applicable clinical and/or custodial information, as necessary, to aid in drafting the headquarters' level response and coordinate with the appropriate health care discipline as necessary, when an accepted health care grievance appeal is determined to warrant a clinical review.

(c) All submitted health care grievance appeals shall be screened to identify whether the health care grievance appeal complies with the requirements under sections ~~3087.23999.227~~ and ~~3087.43999.229~~ and may be rejected pursuant to section ~~3087.93999.234~~.

(d) Any health care grievance appeal received outside the time limits pursuant to sections ~~3087.23999.227~~ and ~~3087.43999.229~~ may be accepted at the discretion of the HCCAB if it is determined that the health care grievance appeal should be subject to further review for reasons including, but not limited to:

(1) Good cause exists for untimely submission of the health care grievance appeal.

(2) Issues stated in the health care grievance appeal allege facts that warrant further inquiry.

(e) If determined to be necessary by HCCAB staff, an interview with the grievant may be conducted.

(f) Time limits for processing a health care grievance appeal commence on the day it is received by the HCCAB and shall be completed and returned to the grievant within 60 business days, unless processed as an expedited health care grievance appeal pursuant to ~~subsection 3087.83999.233(b)~~.

(g) Headquarters' level health care grievance appeal responses shall be approved and signed pursuant to ~~subsection 30873999.225(x)~~.

(h) The headquarters' level review constitutes the final disposition on a health care grievance and exhausts administrative remedies but does not preclude amending a response previously made at the headquarters' level.

(i) At its sole discretion, HCCAB may address new issues not previously submitted or included in the original health care grievance.

(j) A headquarters' level disposition addressing new issues exhausts administrative remedies.

(k) Amendments. HCCAB shall notify the HCGO and grievant when it is determined a health care grievance response requires amendment.

(1) The HCGO shall complete the amended response and return the health care grievance package to the grievant within 30 calendar days of notice issuance.

(2) The grievant shall have 30 calendar days plus five calendar days for mailing from the amended health care grievance response issue date to resubmit the entire original health care grievance package for a headquarters' level grievance appeal review.

(l) Headquarters' level directive. When it is determined intervention is appropriate, HCCAB may issue a headquarters' level directive to the institutional level reviewing authority; the headquarters' level directive shall be completed within 60 calendar days of the health care grievance appeal disposition. The 60 calendar day period may be extended by HCCAB after notification from the HCGO that there is a delay in the completion of a headquarters' level directive and the estimated completion date.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 *et seq.*, Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; Section 1013(a), California Code of Civil Procedure; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.6 is renumbered and amended to read:**

**3087.6. 3999.231. Health Care Staff Complaints.**

(a) Health care grievances determined to be health care staff complaints after receiving a clinical triage shall be processed pursuant to Subchapter 2, Article 8-6 5, and not as a citizen's complaint.

(b) The HCGO shall present health care grievances alleging health care staff misconduct to the reviewing authority within five business days of receipt. The reviewing authority shall review the complaint and determine if:

(1) The allegation will be addressed as a health care grievance or as a health care staff complaint.

(2) The allegation will be processed as a health care staff complaint but does not warrant referral for an allegation inquiry or investigation, or the request for an investigation has been declined, in which case a confidential inquiry report shall be completed pursuant to subsection 3087.63999.231(f).

(3) The allegation will be processed as a health care staff complaint and warrants referral to the applicable authority for an allegation inquiry or investigation.

(c) A health care staff complaint alleging excessive or inappropriate use of force shall be addressed pursuant to the procedures described in sections 3268 through 3268.2, ~~Article 1.5, subchapter 4~~.

(d) A health care staff complaint alleging staff sexual misconduct shall be processed pursuant to the procedures described in section 3084.9, ~~Article 8~~.

(e) If the health care staff complaint alleges health care or other issues unrelated to the allegation of health care staff misconduct, the HCGO shall notify the grievant that those unrelated issues shall be grieved separately and within 30 calendar days plus five calendar days for mailing from the date noted on the written notification.

(f) Confidential Inquiry Report. Health care staff with supervisory authority over the accused subject of the health care staff complaint shall:

(1) Conduct an inquiry to determine if health care staff behavior or activity violated a law, regulation, policy, or procedure, or was contrary to an ethical or professional standard, even if the grievant has paroled, discharged, or is deceased.

(2) Interview the following to reach a determination concerning the allegation(s):

(A) The grievant.

(B) All necessary witnesses.

(C) The subject of the health care staff complaint, unless no longer employed by CDCR or on a leave of absence.

1. The subject of the health care staff complaint will be given notice of the interview at least 24 hours prior to the interview. If the subject chooses to waive the 24-hour requirement, he or she must indicate this at the time they are given notice. If waived, the subject may be interviewed immediately.

(3) Prepare a confidential inquiry report and include evidence to support a determination of the findings concerning the allegation(s).

(4) The HCGO shall maintain the original and any redacted versions of the confidential inquiry report.

(A) The confidential inquiry report shall not be released to inmates under any circumstances.

(B) The subject of the health care staff complaint is entitled to know whether or not he or she violated policy and may view the confidential inquiry report in the HCGO under the following conditions:

1. With approval from the institutional litigation coordinator.

2. With redaction of other staffs' information including, but not limited to, identity, interview content, potential discipline, or inquiry findings.

(C) Requests for release of a confidential inquiry report relating to litigation shall be forwarded to the headquarters' health care Litigation Coordinator for review and approval to release.

(g) The institutional level response to a health care staff complaint shall inform the grievant of either:

(1) The decision to conduct a confidential inquiry and the outcome.

(2) The decision to refer the matter to the applicable investigating authority.

(h) Time limits for processing health care staff complaints shall be completed and returned to the grievant pursuant to subsections 3087.33999.228(i) or 3087.53999.230(f).

(i) Institutional level health care staff complaint responses shall be approved and signed pursuant to subsection 3087.3999.225(x).

(j) The headquarters' level is for administrative review of the institutional level response of a health care staff complaint for which the grievant is dissatisfied with the institutional level disposition or if the grievant alleges headquarters' health care staff misconduct.

(k) Headquarters' level health care staff complaint responses shall be approved and signed pursuant to subsection 3087.3999.225(x).

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; Section 1013(a), California Code of Civil Procedure; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.7 is renumbered and amended to read:**

**3087.7. 3999.232. Multiple Health Care Grievances.**

(a) Each identified multiple health care grievance shall be individually processed.

(1) The grievant who submitted the first accepted multiple health care grievance shall be identified. The identified grievant shall receive an interview pursuant to subsection 3087.33999.228(f)(3). No other grievant will receive an interview unless health care grievance staff needs further clarification related to the issue.

(2) A response to each grievant shall be provided containing a statement to indicate that the health care grievance was processed as one of multiple health care grievances.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.8 is renumbered and amended to read:**

**3087.8. 3999.233. Exceptions to Health Care Grievance Process Time Limits.**

(a) Exceptions to health care grievance process time limits pursuant to subsections 3087.33999.228(i) and 3087.53999.230(f) shall be permitted only when:

(1) Grievant, staff, or witnesses are not available prior to the expiration of the response time limits to provide information to prepare the health care grievance or health care grievance appeal response.

(2) The complexity of the decision, action, or policy requires additional research.

(3) Involvement of other departments, agencies, or jurisdictions is necessary.

(4) A state of emergency requires the postponement of nonessential administrative decisions and actions pursuant to subsection 3383(a), ~~Article 1, subchapter 5.~~

(b) Expedited health care grievances and health care grievance appeals identified pursuant to subsections 3087.33999.228(b)(2) or 3087.5(a)(2)3999.230(b)(1)(B) shall be processed and returned to the grievant within five business days from the date of receipt.

(c) Headquarters' level directives shall specify the timeframe for completion for expedited health care grievance appeals.

(d) The HCGO shall notify the grievant and HCCAB if there is a delay in the completion of a headquarters' level directive and the estimated completion date.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 *et seq.*, Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**Section 3087.9 is renumbered and amended to read:**

**3087.9. 3999.234. Health Care Grievance and Health Care Grievance Appeal Rejection.**

(a) A health care grievance or health care grievance appeal may be rejected for reasons, which include, but are not limited to:

(1) The grievant did not submit the health care grievance or health care grievance appeal pursuant to Subchapter 2, Article 8.65.

(2) The health care grievance concerns an anticipated action or decision.

(3) The grievant submitted the health care grievance without a prior attempt to obtain health care services through approved processes. In this case, HCGO staff shall submit a request for health care services, if medically necessary, to the appropriate facility clinic on behalf of the grievant, which may be subject to a copayment pursuant to section 3354.23999.206, ~~Article 1, subchapter 4.~~

(4) An individual submitted a health care grievance or health care grievance appeal on behalf of another person.

(5) The grievant is temporarily outside health care jurisdiction for an indeterminate amount of time, including, but not limited to, out-to-court or at an offsite hospital, and not expected to return before the time limits for responding to the health care grievance or health care grievance appeal have expired.

(6) The health care grievance duplicates the grievant's previous health care grievance upon which a decision was rendered or is pending and the grievant has not provided any new information that would indicate additional review is warranted.

(7) A health care grievance is submitted as a group grievance by more than one grievant related to a policy, decision, action, condition, or omission affecting all members of the group.

(b) When a health care grievance or health care grievance appeal is rejected, a response to the grievant shall provide written instruction regarding further action the grievant must take to qualify the health care grievance or health care grievance appeal for processing and the timeframe necessary, as determined by the HCGO or HCCAB, to correct and resubmit the health care grievance or health care grievance appeal to the identified office.

(1) If the grievant submits a health care grievance or health care grievance appeal more than twice without complying with the written instruction, the health care grievance or health care grievance appeal will be adjudicated based on available information. Adjudication of a health care grievance or health care grievance appeal without complying with written instruction to correct submission does not preclude consideration for abuse pursuant to subsection 3087.11-3999.236(a)(2).

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 *et seq.*, Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTFEH), U.S. District Court, Northern District of California.

**Section 3087.10 is renumbered and amended to read:**

**3087.10. 3999.235. Health Care Grievance and Health Care Grievance Appeal Withdrawal.**

(a) With the exception of health care grievances determined to be health care staff complaints, the grievant may withdraw a health care grievance or health care grievance appeal by requesting to have the processing stopped at any point up to receiving a signed response.

(b) The request to withdraw a health care grievance or health care grievance appeal shall identify the reason for the withdrawal in sSection E of the CDCR 602 HC, and shall be signed and dated by the grievant. The grievant may also submit a written request to the reviewing authority, including the reason for withdrawal, grievant signature, and date.

(c) If there is agreed-upon relief noted in writing at the time of a withdrawal and the relief is not provided, the grievant may submit a new separate health care grievance on that issue within 30 calendar days of the failure to receive relief.

(d) The withdrawal of a health care grievance or health care grievance appeal does not preclude further administrative action regarding the issues being grieved.

(e) The decision to accept a request to withdraw a health care grievance or health care grievance appeal is at the discretion of the HCGO or HCCAB.

(1) The grievant shall be provided a response of acceptance of the request to withdraw a health care grievance or health care grievance appeal.

(2) If the request to withdraw a health care grievance or health care grievance appeal is not accepted, the processing of the health care grievance or health care grievance appeal shall continue

and a response shall be issued, unless the grievant is paroled, deceased, or discharged pursuant to section ~~3087.12~~3999.237.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Americans With Disabilities Act, Public Law 101-336, July 26, 1990, 104 Stat. 328; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 *et seq.*, Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 ~~JSTFEH~~), U.S. District Court, Northern District of California.

**Section 3087.11 is renumbered and amended to read:**

**~~3087.11.~~ 3999.236. Abuse of the Health Care Grievance Process.**

(a) The following are abuse of the health care grievance process and may lead to health care grievance restriction:

(1) The submission of more than one health care grievance for initial review within a 14 calendar day period, unless it is accepted as an expedited grievance.

(2) The repeated filing of a health care grievance or health care grievance appeal that has been rejected and resubmitted without complying with rejection response instructions pursuant to subsection ~~3087.93~~3999.234(b).

(3) The grievant continues to submit health care grievances or health care grievance appeals contrary to section ~~3087.23~~3999.227.

(b) After the HCGO identifies health care grievance abuse and provides a written and verbal warning to the grievant, the headquarters' level reviewing authority shall have the discretion to authorize preparation and issuance of a notice restricting the grievant to one routine health care grievance every 30 calendar days for a period of up to one year. Any subsequent violation of the health care grievance restriction may result in an extension of the restriction for up to an additional one-year period upon approval by the headquarters' level reviewing authority.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 148.6(a) and 5054, Penal Code; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 ~~JSTFEH~~), U.S. District Court, Northern District of California.

**Section 3087.12 is amended to read:**

**~~3087.12.~~ 3999.237. Changes in Health Care Jurisdiction.**

(a) If the grievant is temporarily outside health care jurisdiction for an indeterminate amount of time, including, but not limited to, out-to-court or at an offsite hospital, and not expected to return before the time limits for responding to the health care grievance or health care grievance appeal have expired, the health care grievance or health care grievance appeal may be rejected pursuant to subsection ~~3087.93~~3999.234(a). Upon return to health care jurisdiction, the grievant may resubmit the health care grievance or health care grievance appeal pursuant to subsection ~~3087.93~~3999.234(b).



(b) Paroled. If the grievant paroled before the time limits expire for responding to a health care grievance or health care grievance appeal, the grievant shall not receive a response unless the health care grievance or health care grievance appeal disputes the appropriateness of a charge (e.g., copayment).

(c) Deceased or Discharged. If the grievant is deceased or discharged before the time limits expire for responding to a health care grievance or health care grievance appeal, a response will not be prepared.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; Civil Rights of Institutionalized Persons Act, Title 42 U.S.C. Section 1997 et seq., Public Law 96-247, 94 Stat. 349; and Section 35.107, Title 28, Code of Federal Regulations; *Armstrong v. Brown* (No. C-94-2307-CW), U.S. District Court, Northern District of California; *Coleman v. Brown* (No. S90-0520 LKK JFM P) U.S. District Court, Eastern District of California; and *Plata v. Brown* (No. C01-1351 JSTTEH), U.S. District Court, Northern District of California.

**New section 3999.320, formerly existing section 3355(c), is adopted and amended to read:**

### **Subchapter 3. Health Care Operations**

#### **Article 3. Health Care Classifications**

##### **3999.320. Medical Classification.**

~~(e)~~ (a) Camp Assignment. InmatesPatients shall be personally screened by a medical officer before receiving medical clearance for assignment to a camp or firefighting assignment. Such inmatePatients shall be in generally good health and physically capable of strenuous and prolonged heavy labor without danger to the inmate'spatient's health and safety or the safety of others when involved in hazardous work such as forest firefighting. Exceptions: an inmate patients may be assigned to light duty non-hazardous work in camp if a dDepartment physician specifically approves such assignment.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**Section 3358 is renumbered and amended to read:**

#### **Article 9. Durable Medical Equipment/Supplies and Accommodations**

##### **3358. 3999.375. Artificial Appliances**

(a) Appliance Categories. Appliances include but are not limited to eyeglasses, artificial eyes, dental prosthesis, artificial limbs, orthopedic braces and shoes, and hearing aids. An inmate'spatient's need for such appliance shall be based on medical necessity as described in section 3350(b)(1).

(b) Possession of Appliance. No inmatepatient shall be deprived of a prescribed orthopedic or prosthetic appliance in the inmate'spatient's possession upon arrival into the dDepartment's custody or properly obtained while in the dDepartment's custody unless a dDepartment physician or dentist determines the appliance is no longer needed and the inmate'spatient's personal

physician, if any, concurs in that opinion. If ~~an inmate's a patient's~~ dental prosthetic appliance is confiscated for safety and security reasons, a dentist shall be notified by the next business day to determine whether the ~~inmatepatient~~ will require any accommodations due to the loss of the prosthetic appliance.

(c) Purchase of Appliance. Prescribed appliances shall be provided at state expense if ~~an inmate a patient~~ is indigent, otherwise the ~~inmatepatient~~ shall purchase prescribed appliances through the ~~dDepartment~~ or an approved vendor as directed by the ~~chief medical officer~~ Chief Medical Executive or ~~sSupervising dDentist~~. Departmental dentists shall not order prescribed dental appliances made from precious metal, and departmental dentists or dental laboratories shall not perform repairs to existing dental prosthesis made from precious metal. If ~~an inmate's a patient's~~ existing dental appliance made from precious metal needs repair, the dentist shall offer the ~~inmatepatient~~ the option of having a new prosthesis made. When a prescribed appliance is to be provided the ~~inmatepatient~~ shall sign a CDC Form 193, Trust Account Withdrawal Order (Rev. 1/88), to pay for the materials.

Note: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code; and Perez, et al. v. Cate, et al., USDC no. 3:05-cv-05241-JSW (No. Cal.).

**Section 3356 is renumbered and amended to incorporate former existing section 3355(d) as 3999.410(a) and to read:**

#### **Subchapter 4. Special Circumstances**

#### **Article 2. Health Care**

#### **3356. 3999.410. Health Care Treatment for Parolees.**

~~(d)~~ (a) Releases. Each ~~inmatepatient~~ shall be personally screened by health care staff prior to release to parole or discharge from a facility. Staff conducting such screening shall alert the ~~inmate's patient's~~ parole agent regarding any current health problems and shall provide the ~~inmatepatient~~ with any necessary maintenance medication until the releasee can obtain medication in the community.

(a) ~~(b)~~ Community Treatment. Health care for parolees shall normally be provided by private physicians and community medical facilities, as desired by the parolee and at the parolee's own expense.

~~(b)~~ (c) Facility Treatment. When a parolee requires medical, surgical, psychiatric, or dental care of an emergency nature and community resources are not available or lack the security required for retention and treatment of the parolee, the district parole administrator or their designee may arrange with the facility ~~chief medical officer~~ Chief Medical Executive, or ~~sSupervising dDentist~~ or the ~~eChief pPsychiatrist~~ for the parolee's return to ~~dDepartment~~ custody for emergency treatment.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**Section 3359 is renumbered and amended to read:**

#### **3359. 3999.411. Donation and Sale of Blood.**

Institution heads may permit, subject to acceptance by a blood collection agency, inmates to donate blood for charitable and research purposes or to sell their blood only when needed blood cannot be reasonably and readily obtained from other sources. When a blood sale is authorized, the inmate must receive from the purchaser a payment equal to the current market price for purchases of the same type blood. The facility may impose an additional charge to the purchaser to retrieve the cost of Department resources used in the drawing of the blood. Proceeds of such charges shall be deposited in the inmate welfare fund.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

**New section 3999.440, formerly existing section 3357, is adopted and amended to read:**

## **Article 5. Inmate Deaths**

### **3357. 3999.440. Inmate Deaths.**

(a) The institution head shall maintain a valid service agreement with local mortuaries to provide services such as cremation, transportation, and/or other services related to the disposition of a deceased inmate's body.

(b) When an inmate's death occurs away from an institution/facility, the body of the deceased shall, unless the county coroner orders otherwise, be released to a licensed funeral director in the community where the death occurred.

(c) If the deceased is known to have had a communicable disease which presents a threat to the public health and safety, health care staff shall notify the contract mortuary and public agencies as required by California Code of Regulations, Title 17, Section 2500, and Health and Safety Code Sections 1797.188 and 1797.189.

(d) A chaplain of the decedent's professed faith may perform a ceremony in accordance with that faith.

(e) Staff shall review the decedent's central file and locate the current Notification in Case of Inmate Death, Serious Injury, or Serious Illness to identify the inmate's next of kin or person(s) to be notified, and to determine the existence of a will. The Notification is to be completed annually or when the inmate is transferred. Counseling staff are to complete the Notification and must witness the inmate's dated signature. The Notification is not to be used as a will. The Notification shall include:

- (1) Inmate name, CDC number, Personal Identification number, and current Institution.
- (2) The name, relationship, telephone, and address of person to be notified.
- (3) The name, relationship, telephone, and address of the contact person for a will.
- (4) Whether the inmate is a foreign national.

(f) Staff shall attempt to notify individual(s) listed on the Notification in Case of Inmate Death, Serious Injury, or Serious Illness as the person(s) to be notified of the death, in person, or, if personal contact is not practical, by telephone. Staff shall send a telegram notification to the next-of-kin, person(s) to be notified and/or legally appointed representative, offering consolation, which shall include:

- (1) The name and address of the funeral director to whom the body has been or will be released;
- (2) A request for instructions on disposition of the body at the family's or designee's expense, within 48 hours, to preclude disposition by the state; and

(3) The name and telephone number of a staff member who may be contacted for additional information.

(g) If after 10 days the next-of-kin or legally appointed representative fails to claim or direct disposition of the decedent's body, or notifies the Department within ten days that he or she does not assume responsibility for burial without expense to the state, the decedent shall be considered unclaimed. If the body is unclaimed, the institution/facility shall make arrangements for use of state materials or services as necessary in accordance with Penal Code Section 5061. All money and personal property shall be inventoried and released in accordance with Penal Code 5061, upon direction from the Associate Warden of Business Services or other staff designated by the institution head.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 2082, 5021, 5022, 5054 and 5061 Penal Code; Sections 1797.188, 1797.189, 7104, 7200, 7201 and 7302, Health and Safety Code; and Sections 12525, 27491, 27491.2 and 27491.3, Government Code.

**STAFF USE ONLY** Expedited? ☐ Yes ☐ No Tracking #:

Staff Name and Title (Print) Signature Date

If you think you have a medical, mental health or dental emergency, notify staff immediately. If additional space is needed, use Section A of the CDCR 602 HC A Health Care Grievance Attachment. Only one CDCR 602 HC A will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, ~~3087~~ Chapter 2, Subchapter 2, Article 5 for further guidance with the health care grievance process.

Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First, MI):

CDCR #:

Unit/Cell #:

**SECTION A:** Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy.

Supporting Documents Attached. Refer to CCR 3087.2 3999.227 ☐ Yes ☐ No

Grievant Signature:

Date Submitted:

BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.

**SECTION B:** HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: Date:

☐ Withdrawn (see section E)

☐ Accepted Assigned To: Title: Date Assigned: Date Due:

Interview Conducted? ☐ Yes ☐ No Date of Interview: Interview Location:

Interviewer Name and Title (print): Signature: Date:

Reviewing Authority Name and Title (print): Signature: Date:

**Disposition:** See attached letter ☐ Intervention ☐ No Intervention

**HCGO Use Only:** Date closed and mailed/delivered to grievant:

**1. Disability Code:**

☐ TABE score  $\leq$  4.0  
☐ DPH ☐ DPV ☐ LD  
☐ DPS ☐ DNH  
☐ DDP  
☐ Not Applicable

**2. Accommodation:**

☐ Additional time  
☐ Equipment ☐ SLI  
☐ Louder ☐ Slower  
☐ Basic ☐ Transcribe  
☐ Other\*

**3. Effective Communication:**

☐ Patient asked questions  
☐ Patient summed information  
**Please check one:**  
☐ Not reached\* ☐ Reached  
\*See chrono/notes

4. Comments:

**STAFF USE ONLY**

Tracking #:

**SECTION C:**

**Health Care Grievance Appeal.** If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ LEVEL: Staff Use Only**

Is a CDCR 602 HC A attached? ☐ Yes ☐ No

This grievance has been:

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Withdrawn (see section E)

☐ Accepted

Interview Conducted? ☐ Yes ☐ No Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Interviewer Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: See attached letter ☐ Intervention ☐ No Intervention

*This decision exhausts your administrative remedies.*

HQ Use Only: Date closed and mailed/delivered to grievant: \_\_\_\_\_

**SECTION E:**

Grievant requests to WITHDRAW health care grievance: I request that this health care grievance be withdrawn from further review. Reason: \_\_\_\_\_

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Staff Name and Title (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STAFF USE ONLY**

Distribution: **Original** - Returned to grievant after completed; **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.

**STAFF USE ONLY**

Tracking #:

Attach this form to the CDCR 602 HC, Health Care Grievance, only if more space is needed. Only one CDCR 602 HC A may be used.  
Do not exceed more than one row of text per line. **WRITE, PRINT, or TYPE CLEARLY** in black or blue ink.

Name (Last, First, MI):

CDCR Number:

Unit/Cell Number:

**SECTION A:**

Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the decision, action, condition, omission, policy or regulation that has had a material adverse effect upon your health or welfare for which you seek administrative remedy) :

Grievant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**SECTION B:** Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**STAFF USE ONLY**

Tracking #:

**SECTION C:** Continuation of CDCR 602 HC, Health Care Grievance Appeal, Section C only (Dissatisfied with Health Care Grievance Response):

Grievant Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**SECTION D:** Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (If necessary at HQ Level).

Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

**Distribution:** Original - Returned to grievant after completed, **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

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